



## TOWN OF ACTON RECREATION DEPARTMENT

33 Nagog Park, Floor 2, Acton, MA 01720

(978) 929-6640

Information: [www.acton-ma.gov/camp](http://www.acton-ma.gov/camp)

Online Registration: [www.acton-ma.gov/register](http://www.acton-ma.gov/register)



### 2015 NARA SUMMER CAMP CIT REGISTRATION FORM (Ages 14 & 15)

#### ATTENDEE INFORMATION (one child per form)

Last:		First:		MI:	
Nickname				Grade in September 2015:	
Birthday (MM/DD/YYYY)				Prior NARA Youth Participant? Yes No	
Please circle: Male or Female					
Allergies					
Special Accommodations					

#### PARENT/ GUARDIAN INFORMATION

Name(s)			
Mailing Address			
City, State, Zip			
Home Phone		Cell Phone:	
E-mail address			
List anyone authorized who may pick up your child including yourself. ID required-- must match designated pick-up			

**Free tee shirt included for those registered by Friday, May 29, 2015.** Shirts order will be placed on June 1 based on size noted on form. Pick up you child's shirt the first day they start camp at NARA Park.

**Please circle your child's size:** adult small    adult medium    adult large

Session #	Dates	Session Theme	Session Fee	Pre-Care 7:30-8:00AM	Post-Care 4:00-5:30AM	Total
1	June 22-June 26	Superhero Week	\$70	\$20	\$65	\$
2	June 29-July 2	Red, White, & Blue Week	\$60	\$16	\$53	\$
3	July 6-July 10	Under the Sea Week	\$70	\$20	\$65	\$
4	July 13-July 17	Pirate Week	\$70	\$20	\$65	\$
5	July 20-July 24	Olympics Week	\$70	\$20	\$65	\$
6	July 27- July 31	Winter Wonderland Week	\$70	\$20	\$65	\$
7	Aug. 3-Aug. 7	Wild, Wild West Week	\$70	\$20	\$65	\$
8	Aug. 10-Aug. 14	Space Adventure Week	\$70	\$20	\$65	\$
9	Aug. 17-Aug. 21	Hollywood Stars Week	\$70	\$20	\$65	\$
10	Aug. 24-Aug. 28	Rainforest Survival Week	\$70	\$20	\$65	\$
		Mandatory pre-season training fee to participate in program				\$50.00
Please note: All snacks, meals and beverages are provided by parent. Registration limited to 3 weeks per CIT. Field Trip Fees (optional and age limitations) are not included with registration fees.						Total Paid \$

***This form must also include Parent/Guardian Consent & Acknowledgement Form***



## NARA Summer Camp Parent / Guardian Consent and Acknowledgement



### **MUST BE SUBMITTED WITH EACH CAMP REGISTRATION**

**Payment:** Payment in full is due with registration. Payment options accepted are: Cash, Check, Money Order, VISA, MasterCard. A \$3 fee per \$99 is added to walk-in credit card payments.

**Required Paperwork:** Please provide a copy of your child's physical and immunization record dated within two calendar years of session week participation. These records must be on file prior to the first day of camp, or child will not be admitted due to Board of Health regulations.

**Refund Policy:** You may withdraw up to 10 business days prior to the start of each session. A \$10 non-refundable fee will be applied for each session. Exception to policy; a written letter from a licensed physician excusing participant from a program prior to the 1<sup>st</sup> day of session start date. Refunds will not be issued due to weather conditions or any water closure. All refund requests must be submitted in writing to the Recreation Office. Refund requests are not filtered through NARA Summer Staff.

**Behavior:** We take great pride in the outstanding respect that our participants have exhibited over the years with our program. For the enjoyment and safety of all participants and staff, inappropriate behavior will not be permitted. Our program has a zero tolerance policy. Grounds for dismissal include: disrespect for others or property, foul language, fighting, bullying, sexual harassment, spitting and biting. Refunds will not be given to a participant who has been dismissed from the program due to behavioral issues.

**Switching Session Fee:** A fee of \$15 per session fee is applied (per person) pending availability of session openings.

**Scholarships:** Scholarships are available for those who qualify through Doli Atamian Campership Program, PO Box 693, Acton, MA 01720 or call 978-263-0131. Please apply by May 29.

**Flexible Spending:** Town of Acton Tax ID #046-001-062. We are happy to provide a receipt for you for your Flexible Spending Account reimbursement.

**Photographs:** Please initial if you wish for your child to NOT be included in photographs \_\_\_\_\_.

**Email:** Recreation uses email to communicate Recreation information and will not give out your address for other purposes.

**Proxy Registrations, Program Confirmation & Disclaimer:** A person may submit another's registration form, provided the form is properly completed and signed. The Recreation Department reserves the right to correct mistakes or adjust program fees and activities in this brochure at the time of release by print or internet, and reserves the right to cancel any program due to low enrollment or poor weather.

**Release of Liability:** The Town of Acton and any other associated groups, their officers, members or associates, appointed or volunteer, do not accept any liability for loss of life or property, personal injury or damage caused or rising out of any activity engaged in during the NARA Summer Camp for any reason whatsoever. I also agree to assume the risks for myself and my child and agree to hold The Town of Acton and its officers, employees and volunteers harmless and free of any liability for damage or injury my child may incur arising from participating in the NARA Summer Camp.

**NARA Youth & CIT Camp Hours (ages 6-15):** 8:00 AM – 4:00 PM. Pre-Care from 7:30-8:00 AM, Post Care: 4:00-5:30 PM

**NARA Mighty Mini Camp Hours (ages 4 & 5):** AM Session: 8:00 AM – 12:00 PM. PM Session 12:00 – 4:00 PM, Pre-Care: 7:30-8:00 AM, Post Care: 4:00-5:30 PM

**Counselor-in-Training Mandatory Orientation:** TBD

**Counselor-in-Training Mandatory CPR & First Aid Training:** TBD

***Registrations must be completed in full and signed by parent/guardian. Registrations will not be processed if incomplete.***

***I acknowledge the above policies and Release of Liability.***

**Child's Name (Printed):** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Name (Printed):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only:

Total Received \$\_\_\_\_\_ Payment Type: Cash MO Visa MC Check # \_\_\_\_\_

Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Camp Session: 1 2 3 4 5 6 7 8 9 10